2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

May 04, 2006 8:00 am Secretary of State **DOCUMENT # P04000027705** 1. Entity Name 05-04-2006 90247 045 ***150.00 TREATMENT SOLUTION OF SO. FLORIDA, INC. Mailing Address Principal Place of Business 561 SE 15 ST 561 SE 15 ST AAATAAAT POMPANO BCH, FL 33060 POMPANO BCH, FL 33060 2. Principal Place of Business 3. Mailing Address O DOX 1421 SE Suite, Apt. #, etc 04272006 CR2E034 (11/05) Chg-P 4. FEI Number Pity & State Applied For 76-0751278 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CROCCO, AUGUSTINE 561 SE 15 ST POMPANO BCH, FL 33060 y submits this statement for the purpose of charging its 8. The above named in the State of Florida. I am familia the obligations of regis red agent. SIGNATURE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ΠIF TITLE ☐ Delete Change ■ Addition Crocco, Augustine 1421,52 4th Ave ste D CROCCO, AUGUSTINE NAME NAME STREET ADDRESS 561 SE 15 ST STREET ADDRESS POMPANO BCH, FL 33060 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE MLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP me ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE MLE ☐ Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-53-7IP CITY-ST-ZIP TITLE ☐ Defete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CTTY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Offacter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legisl effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. SIGNATURE: Augustine Crocco

FILED



ATTACHMENT SOUNCE Division of Corporations

2006 Annual Report

Listed below is the most recent information reported for the entity.

Please review and click the appropriate button at the bottom to generate the annual report form.

This information cannot be changed on the report.

Document Number

P04000027705

Business Entity Name

TREATMENT SOLUTION OF SO. FLORIDA, INC.

Original File Date

02/10/2004

FEI Number

76-0751278

Principal Address

561 SE 15 ST POMPANO BCH, FL 33060

Mailing Address

561 SE 15 ST

POMPANO BCH, FL 33060

Registered Agent

AUGUSTINE CROCCO

561 SE 15 ST

POMPANO BCH, FL 33060

Officer/Director Name And Address

D AUGUSTINE CROCCO 561 SE 15 ST POMPANO BCH, FL 33060

If all of the above information is correct and you do not wish to make any changes, please select:

No Changes

If you need to make changes to the above information, please select:

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Florida Profit

TREATMENT SOLUTION OF SO. FLORIDA, INC.

PRINCIPAL ADDRESS 561 SE 15 ST POMPANO BCH FL 33060

MAILING ADDRESS 561 SE 15 ST

POMPANO BCH FL 33060

Document Number P04000027705 FEI Number 760751278

Date Filed 02/10/2004

State FL Status ACTIVE Effective Date NONE

Registered Agent

	Name & Address	
	CROCCO, AUGUSTINE	
1	561 SE 15 ST	
	POMPANO BCH FL 33060	

Officer/Director Detail

Name & Address	Title
CROCCO, AUGUSTINE 561 SE 15 ST	D
POMPANO BCH FL 33060	

Annual Reports

Report Year	Filed Date
2005	02/07/2005

Corporations Inquiry

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